

January 12, 2009

Rep. Ron Stoker, Chairman
House Judiciary Committee

EXHIBIT 1
DATE 1/12/9
HB 111

RE: HB 111, mental health advisory councils

Dear Mr. Chairman and Members of the Committee,

Disability Rights Montana supports the efforts of people with mental illness, parents of children with mental illness and families to provide effective leadership to the public mental health system.

The stakeholder groups whose authority is modified in HB 111 are the primary vehicles for consumer and family leadership and advocacy. These include Local Advisory Councils, Kids' Management Authorities, Service Area Authorities, the Mental health Oversight Advisory Council, and the Children's System of Care committees.

The groups that Disability Rights Montana has provided the most support to over the years are the Service Area Authorities. These are three non-profit organizations, mandated by the Legislature to guide the development of the public mental health system. Each 20-member Board includes a representative from each Local Advisory Council in the area, plus providers, advocates, county commissioners and other stakeholders. A majority of directors on each Board are consumers or family members. Each all-volunteer Board meets monthly, with no compensation.

The great strength of the SAA's is the local and regional knowledge that they bring to policy discussions. They combine the experience and unique perspectives of many stakeholders to provide the State with bottom up guidance for a service system that is inherently local and addresses inherently local problems, but is also driven by state funding and state-level policy decisions. The goal of the SAA's is transformation of the public mental health system into a recovery-oriented, community-based, consumer- and family-driven system.

We support most changes proposed in HB 111, which clarify the roles and relationships between some of the groups. However, at a meeting of all three Service Area Authorities convened in Helena last week, the SAA delegates recommended several amendments. We support their recommendations, which are presented below:

1. Do not delete the "oversight" function from the SAA authority. SAA's combine local expertise from communities across their areas and are well-suited to overseeing the performance of state mental health initiatives at the local level.
2. Clarify that the role of Service Area Authorities, the Children's System of Care Planning Committee Local Advisory Councils and Kids' Management Authorities includes directly providing policy direction to both the Legislative and Executive branches of state government, as well as local policy-makers.
3. Amend MCA 53-21-1006 (5)(a) to read (with changes to the HB0111.01 indicated by bold and double underlining or brackets):

(5) A service area authority board:

(a) shall collaborate with the department for purposes of planning ~~and oversight~~ **oversight of** mental health services of the service area, **advise other departments which provide services to people with mental illness, and advise the legislature regarding the status and direction of the mental health system,** including:

- (i) ~~provider contracting surveys of consumer satisfaction;~~
- (ii) ~~quality and outcome management;~~ [RESTORE]
- (iii)(ii) ~~service planning; and~~
- (iv) ~~utilization management and review;~~ [RESTORE]
- (v) ~~preadmission screening and discharge planning;~~ [RESTORE]
- (vi)(iii) ~~consumer advocacy and family education and rights protection;~~
- (vii) ~~infrastructure;~~ [RESTORE]
- (viii) ~~information requirements; and~~ [RESTORE]
- (ix) ~~procurement processes;~~ [RESTORE]

~~(b) shall review and monitor crisis intervention programs established pursuant to 53-21-139;~~
[RESTORE]

~~(c)(b)~~ shall submit a biennial review and evaluation of mental health service needs and services within the service area **to the legislature, the department and to the mental health system advisory councils established in 53-21-702;**

~~(d)(c)~~ shall keep all records of the board and make reports required by the department;

~~(e)(d)~~ may enter into contracts with the department for purposes of planning and oversight of the service area if the department certifies that the service area authority is capable of assuming the duty;

~~(f)(e)~~ may receive and shall administer funding available for the provision of ~~mental health~~ services, including grants from the United States government and other agencies, receipts for established fees rendered, taxes, gifts, donations, and other types of support or income. All funds received by the board must

be used to carry out the purposes of this part.

~~(g)(f)~~ may reimburse board members for actual and necessary expenses incurred in attending meetings and in the discharge of board duties as assigned by the board; and

~~(h)(g)~~ shall either include a county commissioner or work closely with county commissioners in the service area; and

~~(f)~~ shall take into consideration the policies, plans, and budget developed by the children's system of care planning committee provided for in 52-2-303.

(6) A service area authority may not directly provide mental health services."

These proposed amendments reflect the reality of SAA work, as well as the contributions of the other stakeholder groups: The SAA's consider and advise regarding state policy development; review and make recommendations on budget proposals and legislation; and oversee and advise on all aspects of public mental health system implementation. They are an important independent voice that must not be lost from the public policy-making arenas, including the Legislature.

Thank you for considering the value the Service Area Authorities and other stakeholder groups bring to the policy debate in Montana, and for helping to ensure that these important community voices continue to be heard.

Yours truly,

A handwritten signature in cursive script, reading "Anita Roessmann".

Anita Roessmann